UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL | | | | | | | | |
|--------------------------|----------------|--|--|--|--|--|--|--|
| OMB Number: 3235-0076 | | | | | | | | |
| Expires: | April 30, 2008 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response 16.00 | | | | | | | | |

| SEC USE ONLY | | | | | | | | |
|--------------|----|-----------|----|--------|--|--|--|--|
| Prefix | | 1 | 1 | Serial | | | | |
| | DA | TE RECEIV | ED | | | | | |

| | 8 |
|--|--|
| Name of Offering (\overline{\overlin | licate change.) PROCESS |
| Offering of \$15,848,450 of Series A Preferred Stock Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 | TIGHT WAY THE NOVE OF AND |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment | ☐ Section 4(6) ☐ ULOE NOV 2 8 200 |
| A. BASIC IDENTIFICATION DATA | |
| 1. Enter the information requested about the issuer | |
| Name of Issuer (check if this is an amendment and name has changed, and indi- | FINANCIAL |
| Privaris, Inc. | FEDERAL CALL |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| 675 Peter Jefferson Place, Suite 150, Charlottesville, Virginia 22911 | (434) 293-8212 NOL 17 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) | 17 1006 |
| (if different from Executive Offices) | |
| Brief Description of Business | Vol 12 TON |
| | 164 3 13 EECTOR |
| Privaris, Inc. provides wireless biometric products to the physical, logical and financi | al security markets. |
| Type of Business Organization | |
| ☐ limited partnership, already formed | _ |
| | other (please specify): Limited Liability |
| business trust limited partnership, to be formed | Сопрапу |
| Actual or Estimated Date of Incorporation or Organization: Month 0 3 0 | Year D 1 ⊠ Actual ☐ Estimated |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service a | bbreviation for State: |
| CN for Canada; FN for other foreign j | |
| GENERAL INSTRUCTIONS | |
| Federal: | · |
| Who Must File: All issuers making an offering of securities in reliance on an exemption under et seq. or 15 U.S.C. 77d(6). | Regulation D or Section 4(6), 17 CFR 230.501 |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the at that address after the date on which it is due, on the date it was mailed by United States regis | e SEC at the address given below or, if received |
| Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington | |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which mus signed must be photocopies of the manually signed copy or bear typed or printed signatures. | |
| Information Required: A new filing must contain all information requested. Amendment | s need only report the name of the issuer and |
| offering, any changes thereto, the information requested in Part C, and any material changes fr A and B. Part E and the Appendix need not be filed with the SEC. | om the information previously supplied in Parts |
| Filing Fee: There is no federal filing fee. | |
| State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (U have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a sin each state where sales are to be, or have been made. If a state requires the payment of exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in law. The Appendix to the notice constitutes a part of this notice and must be completed. | eparate notice with the Securities Administrator of a fee as a precondition to the claim for the |
| ATTENTION Failure to file notice in the appropriate states will not result in a loss of the federal appropriate federal notice will not result in a loss of an available state exemption unless s federal notice. | l exemption. Conversely, failure to file the such exemption is predicated on the filing of a |

SEC 1972 (6-02)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2/99) 1 of 9

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issue has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Petze, John **Business or Residence Address** (Number and Street Lity, State, Zip Code) 675 Peter Jefferson Place, Suite 150, Charlottesville, Virginia 22911 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ■ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or-Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) · Business or Residence Address (Number and Street, City, State, Zip Code)

| | | | | B. | INFORM | IATION | ABOUT (| OFFERIN | G | | | | |
|--|--|---|---|---------------------------------------|---|---|---------------------------------------|---------------------------------------|-------------|-------------|-------------|------------|-------------|
| l. Has | the issuer s | old, or doe | s the issue | | | | | - | | | | Yes | No |
| | | | • | Answer al | so in App | endix, Co | lumn 2, if | filing und | er ULOE. | | | | |
| 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | | | | \$ <u>2</u> | 399.79 | |
| 3. Does the offering permit joint ownership of a single unit? | | | | | | | | | | Yes ⊠ | No □ | | |
| com If a or st | er the information or separate to dealer or dealer or dealer | similar ren e listed is a e name of t | nuneration in associat the broker | for solici ed person or dealer. | tation of p or agent of If more t | urchasers of a broker than five (| in connect or dealer 5) persons | tion with registered to be list | sales of se | curities in | the offeri | ng. ate | |
| Full Nar | me (Last nai N/A | me first, if | individua | l) | | | | | | | | | |
| Rusines | s or Residen | nce Address | e Alumba | r and Ctra | or Circ C | 2:- C | 1- 1-X | | | | | | |
| Dasmes | s or icestice: | ice Addres | s (Munide | r and Stree | ei, City, Si | ate, Zip C | ode) | | | | | | |
| Name of | f Associated | Broker o | Dealer | | | | | | | | | | |
| rianic of | 71350018100 | i Diokei di | Dealer | | | | | | | | | | |
| States in | Which Per | man Tiatad | Han Calia | | | | | | | | | | |
| | 'All States" | | | | | | | | | | | | |
| [AL] | [AK] | [AZ] | [AR] | [CA] | | | | | | | | | II States |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [CT] [ME] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | |
| [MT] | [NE] | [NV] | [NH] | [[[[] | [NM] | [NY] | [MD] [NC] | [MA] | [MI] | [MN] | [MS] | [MO] | |
| [RI] | (SC) | [SD] | [TN] | [TX] | [UT] | . [VT]. | [VA] | [ND] [WA] | [HO] | [OK] | [OR] | [PA] | |
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| | · | • | | • | | | | | | | | | |
| Business | or Residen | ce Addres | s (Number | and Stree | et City St | ate Zin C | odel | · | | | | | |
| | | | - (| | ,, | u.o, Dip o | odej | | | | | | |
| Name of | Associated | Broker or | Dealer | | <u></u> | | ···· | | | · | | | |
| States in | Which Pers | con Licted | Hac Solio | ited or Int | onda to Co | liais D | | | | | | | |
| | 'All States" | | | | | | | | | | | | |
| [AL] | [AK] | | | | [CO] | | | | | | | | All States |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [DE] [MD] | [DC] | [FL] | [GA] | [HI] | [ID] | |
| [MT] | [NE] | | [NH] | [NJ] | [NM] | [NY] | | [MA] | [MI] | [MN] | [MS] | [MO] | |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] | |
| | ne (Last nan | | | | 1011 | | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] | |
| | | • | | , | | | | | | | | | |
| Business | or Residen | ce Address | s (Number | and Stree | t City St | ate Zin C | oda) | | | | | | |
| | | | 3 (11011100) | und Oute | a, Chy, Si | ate, zip C | ouej | | | | | | |
| Name of | Associated | Broker or | Dealer | . | | - | | | | | | | |
| | | | | | | | | | | | | | |
| States in | Which Pers | son Listed | Has Solic | ted or Inte | ends to So | licit Purch | asers | | | | | | |
| | All States" | | | | | | | | | | ******** | Па | II States |
| [AL] | [AK] | [AZ] | [AR] | | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] | |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] | |
| [RI] | [SC] | [SD] | [TN] | [TX] | ודטו | TV1 | [VA] | [WA] | IWVI | (WI) | [WY] | [PR] | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | C. OFFERING PRICE, NUMBER | OF INVESTORS, EXPENSES AND U | SE (| OF PROC | EEDS | | |
|------|--|---|---------|--|------------------|----------------|--------------------|
| | b. Enter the difference between the aggregate of Question 1 and total expenses furnished in response the "adjusted gross proceeds to the issuer." | is | | \$ <u>15</u> | ,823 , 45 | <u> 0</u> | |
| 5. | Indicate below the amount of the adjusted gross proused for each of the purposes shown. If the amoun estimate and check the box to the left of the estime equal the adjusted gross proceeds to the issuer set above. | t for any purpose is not known, furnish a nate. The total of the payments listed mus | n st | | | | |
| | | | | Payment to Officer Directors & Affiliat | s, ., | - | ments to Others |
| | Salaries and fees | |] | \$0 | _ 🗆 | S | _0 |
| | Purchase of real estate | 🗆 |] | \$ <u> </u> | _ □ | \$ | 0 |
| | Purchase, rental or leasing and installation of a | machinery and equipment |] | <u>so_</u> | _ 🗆 | \$ | 0 |
| | Construction or leasing of plant buildings and | facilities | | \$ <u> </u> | _ 🗆 | \$ | 0 |
| | Acquisition of other businesses (including the offering that may be used in exchange for the | value of securities involved in this assets or securities of another | | | | | |
| | issuer pursuant to a merger) | | | s 0_ | _ 🗆 | \$ | 0 |
| | Repayment of indebtedness | |] | \$ <u> </u> | _ 🗆 | \$ | 0 |
| | Working capital | ····· |] | <u>\$0</u> | _ 🗵 | \$ <u>15,8</u> | 23,450 |
| | Other (specify): | |] | s <u> </u> | _ □ | \$ | 0 |
| | | |] | \$0_ | _ 🗆 | \$ | 0 |
| | | |] | \$ <u>0</u> | _ 🗆 | \$ | 0 |
| | Column Totals | [| כ | \$ <u>0</u> | _ 🗵 | \$ | 0 |
| | Total Payments Listed (column totals added). | | | × | \$ <u>15,</u> | 323,450 |) |
| | | FEDERAL SIGNATURE | | | | | |
| fol: | e issuer has duly caused this notice to be signed by lowing signature constitutes an undertaking by the usest of its staff, information furnished by the issuer to | issuer to furnish to the U.S. Securities ar | nd_E | exchange (| ommissi | on, up | e 505, the |
| Iss | uer (Print or Type) | Signature 0 | | | Date 1 | } | / |
| Pr | ivaris, Inc. | 100 | | | 1)[| <i>۲/۱</i> | 06 |
| Na | me of Signer (Print or Type) | Title of Signer (Print or Type) | | | 11 | 1 | - / • |
| Jo | hn Petze | President and Chief Executive Offi | icer | | | | |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)